ST. FRANCIS HOME

33 EVERETT STREET FOND DU LAC 54935 Phone: (920) 923-7980 Nonprofit Church/Corporation Ownership: Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 106 Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 106 106 Average Daily Census: 105 Number of Residents on 12/31/02: ************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 0.0 | More Than 4 Years No | Mental Illness (Org./Psy) 34.0 | 65 - 74 3.8 | Day Services No | Mental Illness (Other) 18.9 | 75 - 84 No | Alcohol & Other Drug Abuse 0.9 | 85 - 94 Respite Care 29.2 | Adult Day Care 45.3 | ******************* 21.7 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 5.7 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals Yes| Cancer 0.0 1.9 100.0 | (12/31/02) Home Delivered Meals No | Fractures 5.7 | 65 & Over 100.0 |-----Other Meals No | Cardiovascular

0.9 | ------ | RNs 2.8 | Sex % | LPNs No | Cerebrovascular Transportation Referral Service No | Diabetes No | Respiratory 1.9 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 27.4 | Male 23.6 | Aides, & Orderlies 41.6 Mentally Ill ---- | Female 76.4 Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 |

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)			Other		Private Pay		Family Care			Managed Care							
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	୧	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	271	49	89.1	113	0	0.0	0	46	95.8	145	0	0.0	0	0	0.0	0	98	92.5
Intermediate				6	10.9	94	0	0.0	0	2	4.2	142	0	0.0	0	0	0.0	0	8	7.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		55	100.0		0	0.0		48	100.0		0	0.0		0	0.0		106	100.0

ST. FRANCIS HOME

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
	1			!	% Needing		Total					
Percent Admissions from:	1	Activities of	્રે	As	sistance of	% Totally	Number of					
Private Home/No Home Health	16.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		75.5	24.5	106					
Other Nursing Homes	18.9	Dressing	5.7		74.5	19.8	106					
Acute Care Hospitals	35.1	Transferring	27.4		63.2	9.4	106					
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.6		58.5	17.9	106					
Rehabilitation Hospitals	0.0	Eating	65.1		27.4	7.5	106					
Other Locations	29.7	*****	******	****	****	* * * * * * * * * * * * * * * * * * * *	*****					
Total Number of Admissions	37	Continence		%	Special Treat	tments	%					
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	3.8	Receiving 1	Respiratory Care	5.7					
Private Home/No Home Health	5.4	Occ/Freq. Incontinent	of Bladder	62.3	Receiving '	Tracheostomy Care	0.0					
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	35.8	Receiving :	Suctioning	0.0					
Other Nursing Homes	0.0				Receiving (Ostomy Care	1.9					
Acute Care Hospitals	0.0	Mobility			Receiving '	Tube Feeding	0.0					
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	2.8	Receiving N	Mechanically Altered Diets	17.0					
Rehabilitation Hospitals	0.0											
Other Locations	18.9	Skin Care			Other Reside	nt Characteristics						
Deaths	75.7	With Pressure Sores		5.7	Have Advance	ce Directives	100.0					
Total Number of Discharges		With Rashes		14.2	Medications							
(Including Deaths)	37				Receiving 1	Psychoactive Drugs	45.3					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	*****	*****	*****	*****	*****
		Ownership:		Bed Size:		Licensure:			
	This	Nonj	profit	100	-199	Skilled		All	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	96	%	Ratio	olo	Ratio	olo	Ratio	olo	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	s 99.1	92.2	1.07	85.5	1.16	86.7	1.14	85.1	1.16
Current Residents from In-County	93.4	76.0	1.23	78.5	1.19	69.3	1.35	76.6	1.22
Admissions from In-County, Still Residing	56.8	25.2	2.25	24.7	2.30	22.5	2.53	20.3	2.79
Admissions/Average Daily Census	35.2	95.0	0.37	114.6	0.31	102.9	0.34	133.4	0.26
Discharges/Average Daily Census	35.2	97.5	0.36	114.9	0.31	105.2	0.33	135.3	0.26
Discharges To Private Residence/Average Daily Cens	sus 1.9	38.4	0.05	47.9	0.04	40.9	0.05	56.6	0.03
Residents Receiving Skilled Care	92.5	94.3	0.98	94.9	0.97	91.6	1.01	86.3	1.07
Residents Aged 65 and Older	100	97.3	1.03	94.1	1.06	93.6	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	51.9	63.8	0.81	66.1	0.79	69.0	0.75	67.5	0.77
Private Pay Funded Residents	45.3	28.5	1.59	21.5	2.11	21.2	2.13	21.0	2.15
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	52.8	37.9	1.39	36.8	1.43	37.8	1.40	33.3	1.58
General Medical Service Residents	27.4	23.0	1.19	22.8	1.20	22.3	1.23	20.5	1.33
Impaired ADL (Mean)	46.0	49.9	0.92	49.1	0.94	47.5	0.97	49.3	0.93
Psychological Problems	45.3	52.6	0.86	53.4	0.85	56.9	0.80	54.0	0.84
Nursing Care Required (Mean)	5.5	6.3	0.88	6.8	0.81	6.8	0.81	7.2	0.77